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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 307
Registered No. 307

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. PLACE OF BIRTH
County _Gila_   State _Arizona_

District or Township _____ or Village _____

City _Miami_   No. _4095 Corcoran Ave._ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Jesus Jose Villeverde_
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child _Male_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _yes_

7. Date of birth _July 17 - 1927._
Month   Day   Year

8. FATHER	**14. MOTHER**
Full name _Jose Villeverde_	Full maiden name _Carmen Armenta_
0. Residence (Usual place of abode) _Miami Arizona_ — If non-resident, give place and state.	15 Residence (Usual place of abode) _Miami Arizona_ — If non-resident, give place and state.
10. Color or race _Mex._ 11. Age at last birthday _27_ (Years)	16 Color or race _Mex._ 17. Age at last birthday _22_ (Years)
12. Birthplace (city or place) _Durango,_ (State or country) _Mex._	18. Birthplace (city or place) _Cananea-Son-_ (State or country) _Mex._
13. Occupation — Nature of industry _Miner_	19. Occupation — Nature of industry _Housewife_

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _1_
(b) Born alive but now dead _1_
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _born alive_ at _6 15_ A. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _Cyril M. Cron M.D._
Physician
(Physician or midwife).

Address _Miami, Arizona_

Given name added from a supplemental report.
_155 - 717 - 311_
Month, day, year, _____
Registrar

Filed _July 25, 1927_   _C. C. ____
Registrar